

21st Century Community Learning Centers 2017/2018 After-School Program Conger, Pelican, Mills, Ponderosa, and Roosevelt

Fill out both sides and deliver to school secretary or site coordinator
Llene los dos lados y entregue a la secretaria de la escuela o al coordinador del sitio

<p><u>To Apply:</u> Complete Application, both sides</p> <p><u>Return to:</u> School Secretary or site coordinator.</p>	<p style="text-align: center;">Registration Fees:</p> <p><u>Individual Student Rate</u> \$30.00</p> <p><u>Family Rate (2 or more students in one household)</u> \$50.00</p> <p style="text-align: center;">If you have additional questions please contact Gayle Yamasaki or Tara Bosse at 541-885-6761</p>
<p>*Financial Assistance (special circumstances)</p>	

*If special circumstances exist, please describe: _____

I am in need of financial scholarship assistance: **YES** _____ **NO** _____

I would like to volunteer my time to pay registration fee: **YES** _____ **NO** _____

Please list any additional individuals you would like to pick your student up from the after-school program:

Name _____ Phone number _____ Relationship to student _____

Name _____ Phone number _____ Relationship to student _____

Name _____ Phone number _____ Relationship to student _____

Name _____ Phone number _____ Relationship to student _____

After-school hours: Horario de clases
Conger, Mills, Pelican, Roosevelt: M, T, TH, F 3:00-5:30 and W 2:00-4:30 (lunes, martes, jueves y viernes de 3:00 a 5:30; miércoles de 2:00 a 4:30)
Ponderosa Middle School: M, T, Th F 3:15-5:45 and W 1:45-4:15 (lunes, martes, jueves y viernes de 3:15 a 5:45; miércoles de 1:45 a 4:15)

<p>FOR OFFICE USE ONLY</p>	<p>DATE RECEIVED: _____ DATE APPROVED: _____ SCHOOLMASTER _____</p> <p>MAILED ACCEPTANCE LETTER _____</p> <p>PROGRAM SIGNATURE: _____ APPROVED PROGRAM FEE: \$ _____</p> <p>START DATE: _____ SCHOLARSHIP: _____</p> <p>_____ VOLUNTEER: _____</p>
<p>2017 - 2018</p>	<p><i>Please fill out both sides of application and all information.</i></p> <p><i>***It can take up to a week for processing.***</i></p> <p><i>Puede llevar hasta una semana procesar esta solicitud.</i></p>

After School matters!!!!

Registration for 2017-2018 school year is now open. Please reserve your child's place now. After school classes begin September 18, 2017.



**Klamath Falls
City Schools**



2017-2018 APPLICATION FORM

21st CENTURY COMMUNITY LEARNING CENTERS

CENTRO DE APRENDIZAJE DE LA COMUNIDAD DEL SIGLO 21

AFTER SCHOOL PROGRAMS: CONGER, MILLS, PELICAN, ROOSEVELT, and PONDEROSA

PROGRAMA DESPUÉS DE LA ESCUELA

Please complete one application per child. Thank you.

Por favor, complete una solicitud para cada alumno. Gracias.

Student's Legal Name _____ **2017/2018 Grade** _____
Nombre del alumno *Grado*

Student's classroom teacher _____ **Date of Birth** _____
Maestra de clase del alumno *Fecha de nacimiento*

Male _____ **Female** _____ **Current school site** _____
Masculino *Femenino* *Establecimiento escolar actual*

Address _____ **Zip Code** _____
Domicilio *Código postal*

Mailing address (if different than above address) _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____
Teléfono de la casa *Teléfono del trabajo* *Teléfono celular*

Email: _____

Transportation needed? Yes _____ **No** _____ **Does your child currently ride a bus? Yes** _____ **No** _____
¿Necesita transporte escolar? Sí No *¿Toma su hijo el autobús ahora? Sí No*

Name of person to call in case of emergency (required) _____
Persona a llamar en caso de emergencia (se requiere)

Relationship _____ **Phone** _____
Parentesco *Teléfono*

Is there any medical condition we should know about? **Yes** _____ **No** _____
¿Hay alguna condición médica que deberemos saber? Sí No

Are there any allergies? Yes _____ **No** _____ **If yes, please explain** _____
¿Hay alergias? Sí No Explique si las hay

If yes to the above, please explain _____
Por favor explique si es sí lo de arriba

Do we have permission to take your child to the doctor in case of an emergency and we cannot reach you? **Yes** _____ **No** _____
¿Nos da permiso para llevar a su hijo al doctor en caso de emergencia y no le podemos localizar? Sí No

Parent/Guardian Name (please print) _____
Imprima su nombre

Parent/Guardian Signature _____
Firma

Father's Name: _____ **Resides with Yes** _____ **No** _____

Mother's Name: _____ **Resides with Yes** _____ **No** _____

Participant's Ethnicity (for grant tracking purposes): _____